Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc: Pro se Notices of Participation Page 1 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Aida E. Rodríguez Rey Participant's Name: P.O. Box 9264 Bayamón, P.R. 00960 - 9264 Participant's Address: Participant's Email Address: arey 153 @ yahoo. com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: 102616 Claim Number: Public Employee Claims Nature of Claim: By: Signature Title (if Participant is not an individual)

U.S. DISTANTO

P.O. Box 9264 Bayamón , P.R. 00960-9264

United State District Court Clerk's Office 150 Ave. Carlos Chardon Ste. 150 San Juan, P.R. 00918-1767

9 AUG 2021 PM 2



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any: \mathcal{M}_{\bullet}
Participant's Name: An a Haddoll Divers
Participant's Address: Coaysra PROSTSY
Participant's Email Address: huddockana e grail com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 172484 / 172522
Nature of Claim: Rublic Employee Pension Retires Clair
By: Once Hardoorle Rouge
Signature Signature
Signature Ara M. Haddall River
Print Name
Title (if Participant is not an individual)
August 8, 2021
Date

0918-170625 9 AUG 2021 PM 2 SAN JUAN PR 009 700918-1767

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 5 of 119

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if anv: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Title (if Participant is not an individual)

Coarse PRODOSY հորդիկի վարեակիլ կերևիկի ախկիրութե 9 AUG 2021 PM 2 L SAN JUAN PR. 009 00918-1767

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 7 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

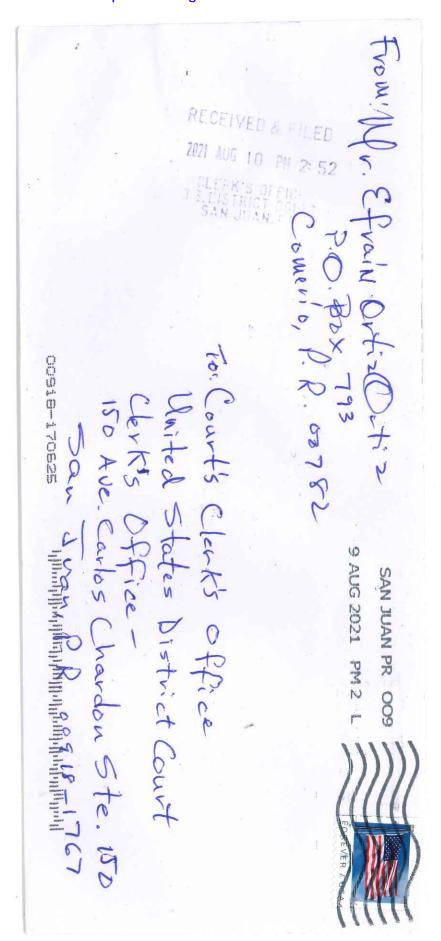
if any: MILDRED RIVERA JUSINO Participant's Name: URB. LAS VECAS, D-31 AVE. FLOR DEL VALLE Participant's Address: CATATO, PR 00962-6505 Participant's Email Address: AR COIRIS 24 @ YAHOO. COM Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 155678 EMPLOYEES RETIREMENT Nature of Claim: By: Signature RIVERA MILDRED Print Name Title (if Participant is not an individual) 8 - AUGUST- 2021 Date

D-31 AUE-UBB. LAS VEGAS MILDRED CATARO, PRODONGA -6505 FLOR DEL RIVERA VALLE UNITED SAN JUAN, PR 00918- 1767 ISO AVE. CARLOS CHARDON 00918-170825 9 ALIG 2021 PM 2 L Harmon March Control of the Control SAN JUAN PR 009 COURT STE. 150

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Pro se Notices of Participation Page 9 of 119

Participant must provide all of the information below in English:

1. Participant's co	ontact information, including email a	address, and that of its counsel,
Participant's Name:	P.O. Box 793-	- Efrain
Participant's Address:	1.0. Box 793-	Comeno, P. R. 007
Participant's Email Address:		
Name of Counsel:	N/A	e n
Address of Counsel:	N/A	Out.
Email Address of Counsel:	NA	* * * * * * * * * * * * * * * * * * * *
2. Participant's C	laim number and the nature of Partic	cipant's Claim:
Claim Number:	104404	88 E A
Nature of Claim:	Lifigation C	-laims
By: Sharet	A A B	
Signature	Ortiz Ortiz	
Print Name	1	
N/	A	70 N 01 -
Title (if Participant is r	not an individual)	
August	6,2021.	
Date		

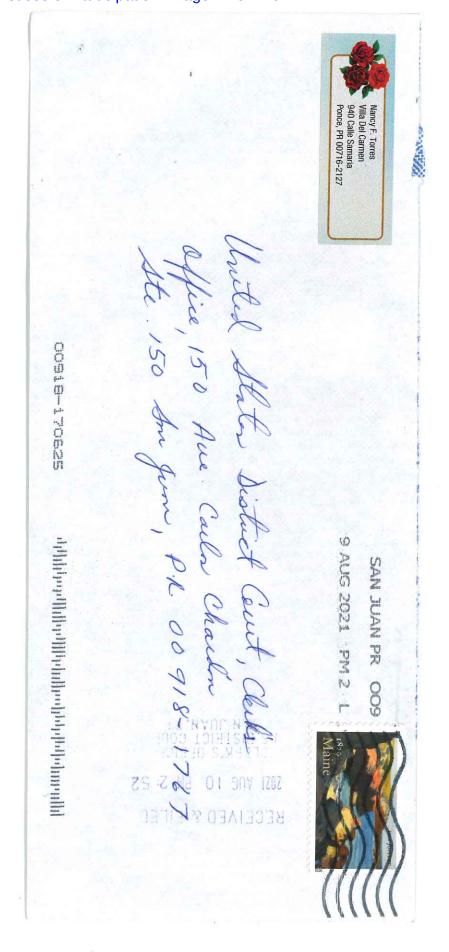


Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Pro se Notices of Participation Page 11 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Participant's Name: Participant's Address: Participant's Email Address: hancy. Name of Counsel: Address of Counsel: 19075 Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. Claim Number: Nature of Claim: By: Title (if Participant is not an individual)



Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc: Pro se Notices of Participation Page 13 of 119

Participant must provide all of the information below in English:

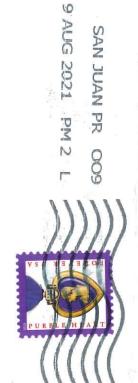
1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	Ivette Rosa Rivera			- "
Participant's Address:	HC 2 Box 7/105	Comerio, P.	2.0078	2
Participant's Email Address:	Wetterosa 610 gmail.	2am		
Name of Counsel:				
Address of Counsel:	_		ę.	
Email Address of Counsel:	_		II	
2. Participant's C	laim number and the nature	e of Participant's	Claim:	
Claim Number:	63876			
Nature of Claim:	_			
By: Signature Title (if Participant is a	not an individual)		2021 AUG TO PH 2: 53	ED & FILED
<u>09 Agosto - 202</u> Date	<u> </u>			

LIEK'S OFFIC LUSTECT TO SAN JUAN, SA

Ivette Rosa Rivera Hc 2 Box 71105 Comero, PR.00782

Ste. 150 San Juan, P.R. 00918-1767



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Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc: Pro se Notices of Participation Page 15 of 119

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

II ally.					
Participant's Name:		Hernandez			
Participant's Address:	HC-02, BO	× 13537, F	Iguas Bue	enas Pi	2.00703
Participant's Email Address:	Tatahern	andez 120	gmail co	m	
Name of Counsel:	N/A	3000 - 12 - 12	1 Juli - 11.711		
Address of Counsel:	NLA				
Email Address of Counsel:	N/A	2407			
2. Participant's	Claim number and th	ne nature of Participa	ant's Claim:		
Claim Number:	82460				
Nature of Claim:	Iclaim \$	50,000 for El	Komera 20	Ley 89, L	ey 96 ,
By: Socorro Herris	'de Jorres ar	50,000 for El	ve contribu	tion not	received.
Socorro Herna	indez Torres			E CE	Vic-
Print Name			4	10 T	
Title (if Participant i	s not an individual)			19 P	G Ti
8/6/2	2/			2:5	77
Date				L.	

Socorro Hernández Torres

HC-02, Box 13537,

HC-02, Box 13537,

Aguas Buenas, Puerto Rico,

Control PH 200703

SAN JUAN PR 009

United States District Court, Clerk's Office, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, 500 Ave. Carlos Chardon Ste. 1767 San Juan P. R. D0918-1767 San Juan P. R. D0918-1767

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 17 of 119

Participant must provide all of the information below in English:

 Participant's c if any: 	ontact information, including email address, and that of its counsel,
Participant's Name:	Rosabel Avengut Levante
Participant's Address:	POBOX 8894 Ponce PR 00732
Participant's Email Address:	Ucaquías @ uphoo. com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
Participant's C Claim Number:	laim number and the nature of Participant's Claim:
Nature of Glaim: By: Signature	Pension and salary increases but not paid
Rosabel Avero	ut Levonte
Title (if Participant is r	

bnce PR 00732-8894 1688 XOEI O. asabel Hueraut

United States District Cour clerk's office 150 Ave. Carlos chardón Ste 150

San Juan P.R. 00918-1767

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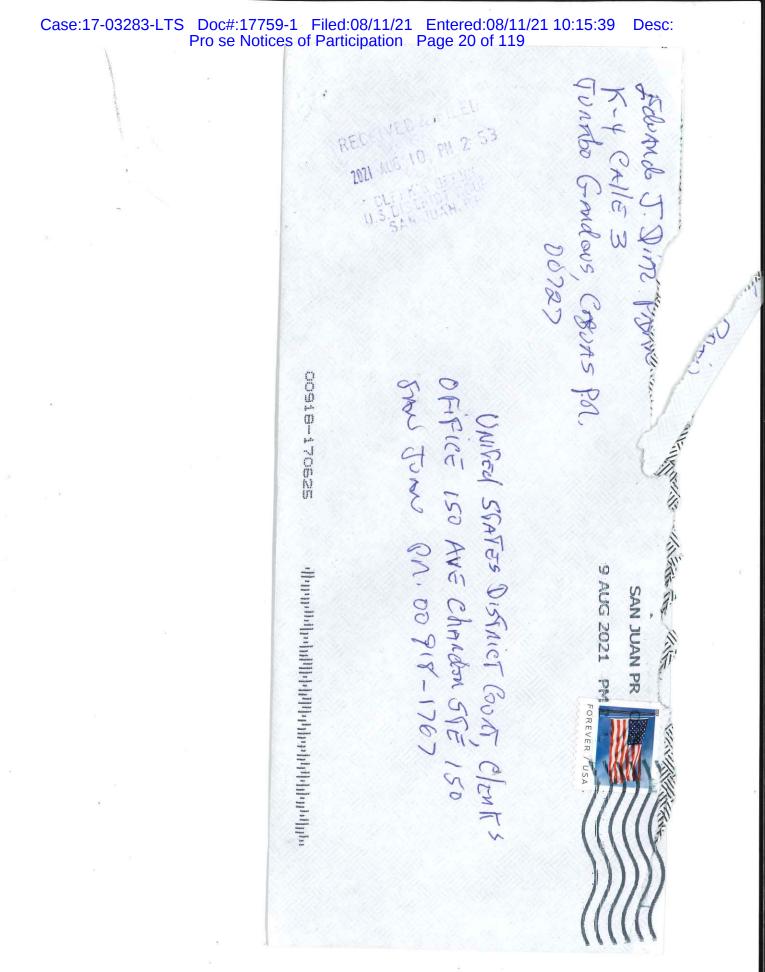
Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc: Pro se Notices of Participation Page 19 of 119

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

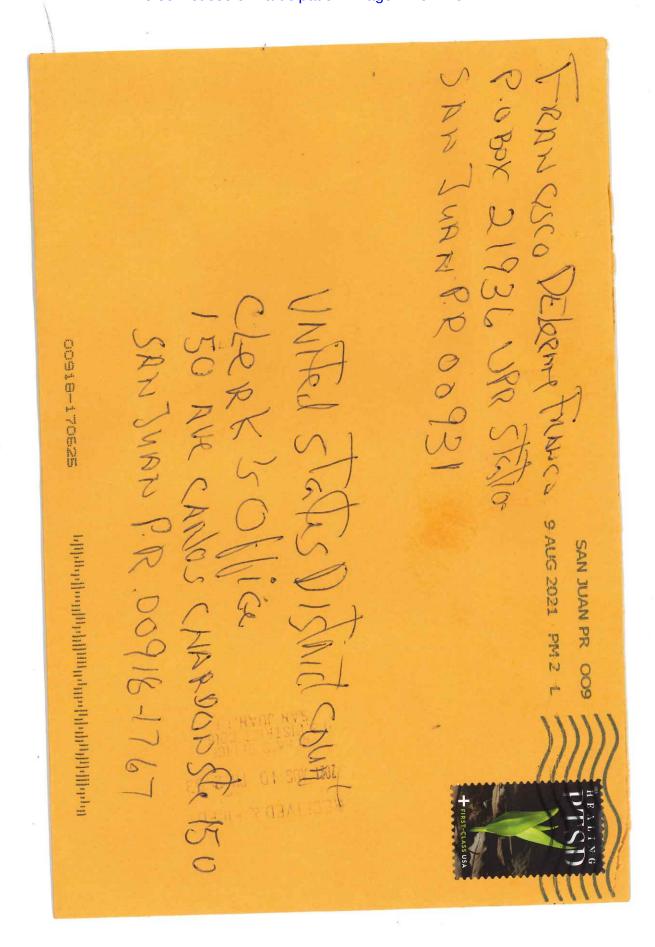
if anv: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: C-3283 Claim Number: Nature of Claim: Title (if Participant is not an individual) Date



Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 21 of 119

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: FRANCISCO DELERME FRANCO
Participant's Address: GCPSOX 21936 UPR STATION
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 158
Nature of Claim: PUBLIC EMPLOYER PENSION RETIGE
By: Deferme Branco
Signature
FRANCISCO DELERMY FRANCO
Print Name
NOM ESS 5 B
Title (if Participant is not an individual)
Agust. 09,2021
Date



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any: Participant's Name: Analbert-Millan, Marca A.
Participant's Address: Pased Palma Real, 76 Calandria, Juncos P.R.
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 17BK32-83-LT5(#81661) Nature of Claim: Public Employee and Pension Retiree By: Mark a. Amalbert Signature Analbert-Millan, Mark A. Print Name Print Name Complexed Title [II] Title (if Participant is not an individual)
Date Date

Juncos, P.R. 00077-3125

50 are Carlo Charder, States Distinct Court

man, P.R. 00918-1767

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Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc: Pro se Notices of Participation Page 25 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:			
Participant's Name:	Amalbert-Millan,		
Participant's Address: Pas	seo Palma Real, 76 Calan	dia Jul	Veos P.R.
Participant's Email Address:			
Name of Counsel:			
Address of Counsel:			
Email Address of Counsel:	- 17 1 1 - 10世代 		
2. Participant's (Claim number and the nature of Participant's	Claim:	
Claim Number:	17BK3283-L	T:5	# 94753
Nature of Claim:	Public Employee and Ren	sion/Ru	lirear
By: Marke A	analbert		Claim
Amalbert- Print Name	-Millan, Matia A.	ZIZ AUG	WECEIV
Title (if Participant is	not an individual)	THE STATE OF THE S	© &
August 6,	2021	구설로 2 2 2	<u> </u>

uncos, P. R. O07117-31 35

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Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc:

Pro se Notices of Participation Page 27 of 119

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Maria Analbert-Millan
Participant's Address: Paseo Palma Real, 76 Calandria, Jun
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 178K3283-LTS # 94753
Nature of Claim: Maria A. Amalbert-Millar
By: Marie C. amelbert
Signature
Maria AA malbert-Millan
Print Name
Promesa III
Title (if Participant is not an individual)
Date Date () 2021

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Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Pro se Notices of Participation Page 29 of 119

Participant must provide all of the information below in English:

1. Participant's contact in if any:	formation, including email address, and that of its counsel,
Participant's Name: Ama	Ibert-Millan, Maria A.
Participant's Address: Paseo	Palma Real, 76 Calandria, Junes
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	· Stodook (
2. Participant's Claim num	nber and the nature of Participant's Claim:
Claim Number: No. 17 BK -	3183-LTS - #88726
Nature of Claim: Public &	Imployee and Pensions Retire
By: Marie a ar	nalbert
Signature	11 / MA = 1012 A
Amalbert-1/11 Print Name	Hár, María A
Title (if Participant is not an inc	<u>III</u>
	<u>02-1</u>
Date	

Marie A. Amabert-Milla; Pasco Palma Real 76 Calandria Juncos, P.R. 007777-3125

State Bistrict Court, Clerk's Office M.R.00918-1767 Service of the control of the contro

SAN JUAN PR 009

9 AUG 2021 PM 2 L



Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: Analbert-Millan, Marca A.
Participant's Address: Pased Palma Real, 76 Calandria, Juncos P.R.
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 17BK3283 LTS (88726)
Nature of Claim: Public Employee and Pensian Retiree
By: Maria a. amalbert
Signature
Amalbert-Millan, Marva A. Print Name
Prontsa TIE Tittle
Title (if Participant is not an individual)
Date Date

lan Maria

Juncos, P.R. 007777-3125

9 AUG 2021 PM 2 L

SAN JUAN PR 009

Section of the control of the contro

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: 2. BK-3283-LTS Claim Number: Nature of Claim: By: Title (if Participant is not an individual) 8-9-302

HC #5 BOX 5034 Hutonia Alfala Sandrez Labucca FR.00767

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San Juan P.N. 00918-1767

150 Ave. carlos chardon ste. 150

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United States District court. Clerts OFF.

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc: Pro se Notices of Participation Page 35 of 119

Participant must provide all of the information below in English:

if any:	office timormation, including email address, and that of its counsel,
	Alba E- Ramos Ostilora
Participant's Address:	Alba E- Lamos Ostoloza Estancias Vista Alega #12868 Villalba, P.R.
	dogelena ramos ag mail. com
Name of Counsel:	N.A.
Address of Counsel:	N-A.
Email Address of Counsel:	NA.
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	108604 - et. al.
Nature of Claim: By: Signature	Unpaid wages by the gobernment of PR
Alba E. Ra	onos Otolaza
Print Name	
Title (if Participant is 1	not an individual)
Date 1	2021 A THE SECOND SECON
T	CD 41 11 (Latina)

Willalby Ruerto Rico osoco Estancias Hkgne & 12868 San Juan, P.R 00 918-1767 Clerk's Ofice, 150 Ave. Carlos Chard 9 AUG 2021 PM 2 SAN JUAN PR OCO

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 37 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		
Participant's Name:	Cristina De Jesus Santia	290
Participant's Address:	HC3 BOX 16421 COG	mo PR
Participant's Email Address:	: cristinal 97976 ay ahoo.	<u>com</u>
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:		
2. Participant's	Claim number and the nature of Participant's Claim:	
Claim Number:	125784	
Nature of Claim:	Empleados Publicos	
By: Cistive C	depende Sontiago De Jesús Santiago	3 2
Cristina 3	De Jesus Santiago	
rimit Name		
Title (if Participant is	s not an individual)	Name of the last o
8/9/208 Date	21	32

Wistina De Coamo, P.R. BOX 16421 Jesus Santiago 00769-9761 San Juan, P.R. 08918-1767 150 Ave. Carlos Chardon Ste. 150 is covery Notice to the Court's Clerk Anited States District Court, Clerk Office SAN JUAN PR 009

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Pro se Notices of Participation Page 39 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel, if any: Ruth D Gomez Perez Participant's Name: 237 Ave Lulio E Saavedra Blasco Participant's Address: rgp_00662@yahoo.com Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Empleados Publicos y Pension/Jubilacion Nature of Claim: Signature Ruth D Gomez Perez **Print Name** Title (if Participant is not an individual) 8/5/2021 Date Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may Instead mail this Notice to the Court's Clerk's Office at: United States Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

237 Ave Lulio E Saavedra Blasco Ruth D Gómez Pérez Isabela, P.R. 00662 00918-170625 San Juan, P. R. 00918-1767 150 Ave Carlos Chardon Ste. 150 United States District Court, Clerk's Office Court's Clerk's Office 9 AUG 2021 PM 2 SAN JUAN PR 009 FOREVER / USA

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 41 of 119

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:

Ruth D Gomez Perez Participant's Name: 237 Ave Lulio E Saavedra Blasco Participant's Address: rgp_00662@yahoo.com Participant's Email Address: Name of Counsel: Address of Counsel: **Email Address of Counsel:** 2. Participant's Claim number and the nature of Participant's Claim: 174300 Claim Number: Empleados Publicos y Pension/Jubilacion Nature of Claim: By: Signature Ruth D Gomez Perez **Print Name** Title (if Participant is not an individual) 8/5/2021 Date

237 Ave Lulio E Saavedra Blasco Isabela, P.R. 00662 Ruth D Gómez Pérez 00010-170025 San Juan, P. R. 00918-1767 150 Ave Carlos Chardon Ste. 150 United States District Court, Clerk's Office Court's Clerk's Office Appendix of the control of the contr 9 AUG 2021 PM 2 SAN JUAN PR FOREVER / USA

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 43 of 119

Participant's contact information, including email address, and that of its counsel.

Participant must provide all of the information below in English:

1.

if any: Ruth D Gomez Perez Participant's Name: 237 Ave Lulio E Saavedra Blasco Participant's Address: Participant's Email Address: rgp_00662@yahoo.com Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Public Employee Claims Nature of Claim: By: Signature Ruth D Gomez Perez Print Name Title (if Participant is not an individual) 8/5/2021 Date

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc: Pro se Notices of Participation Page 45 of 119

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: Fidelina Del Valle Tirado
Participant's Address: Urb. Villa tna Calle Roberto Mojica De
Participant's Email Address: fidelinad a @ gmail. Com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim: By Fille All Valle Died Signature Fidelina Betvalle Tivado Print Name Title (if Participant is not an individual)
9 le appte 2021 Date

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Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 47 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:						
Participant's Name:	Janette	Crespo 1	Ocasio			
Participant's Address:	- V	1299 (Pataro,	P.R	00	963
Participant's Email Address:	Janet cres	po @ live	com			
Name of Counsel:						N
Address of Counsel:						
Email Address of Counsel:						
2. Participant's	Claim number and th	e nature of Par	ticipant's C	laim:		RF CA
Claim Number:	-			200	Ē	=
Nature of Claim:				E S	0	80
Ву:				1982	H 2	
Signature				6 48 -	w	-
Print Name						
Title (if Participant is	s not an individual)					
Date						

P.O. Box address
Thank you for the help.

12, P.A. 00963

San Juan, P.R. 00918-1767

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Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc: Pro se Notices of Participation Page 50 of 119

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	William Pe	llot			
Participant's Address:	PO BOX 19	3144	San Juan,	PR	00919
Participant's Address: Participant's Email Address:	gellot. Will	liam @ gr	mail. Con	2	
Name of Counsel:					
Address of Counsel:					
Email Address of Counsel:					
2. Participant's Clai	m number and the na	ature of Particip	oant's Claim:		
Claim Number:	49243	····			
Nature of Claim:	Pension/ Re	tiree C	lain		-47
By: William Pelli Signature	5			a a a a a a a a a a a a a a a a a a a	
William Pe Print Name	lot				
3 / 9 / 202 / Title (if Participant is not	t an individual)	e w ²	2015 2016 2016		2
3/9/202/ Date				2 3	

William Pellot to Box 193144 San Juan, B.R. 00919-3144

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United States District Court Clerk's 1 150 Ave. Carbs Chardin Ster 150 To Clerk's 1 San Juan F.R. 00918 - 1767

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc: Pro se Notices of Participation Page 52 of 119

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:	
Participant's Name:	Luz A. Zayas Cintron
Participant's Address:	81 Calle 3, Apt. 415, Guaynabo, P.R.009
Participant's Email Address:	
Name of Counsel:	NA
Address of Counsel:	11
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	
Nature of Claim:	Investment of \$95 000 in
By: Luz A. 3 Signature	Investment of \$95 000 in employee retirement system bonds
LuZA, Z Print Name	Layas Eggs
	1>(1)
Title (if Participant is August 9 - 9 - 2	not an individual)
Date	

El Callez A Graynabof Lalle, . 00966-1682 Dan Juan, fice .R.00918-1767 hardon Ste 9 AUG 2021 PM 2 L SAN JUAN PR 009

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Pro se Notices of Participation Page 54 of 119

Participant must provide all of the information below in English:

 Particip if any: 	ant's contact information, including email address, and that of its counsel,
Participant's Name:	Ada Zayas Cintron
Participant's Address:	81 Calles, Apt. 311, Guaynaho, P.R.
Participant's Email Ac	dress:
Name of Counsel:	NA
Address of Counsel:	
Email Address of Cou	nsel:
2. Particip	ant's Claim number and the nature of Participant's Claim:
Claim Number:	
Nature of Claim:	* Investment of \$95,000 in employee retirement System bonds
0.0	employee retirement system bonds
By: Uda o	3 3 3
Ada Z Print Name	ayas EE E
Title (if Partici	pant is not an individual)
B - Datemonth	9 - 2021 Pate yr.



United States District Court Jerk's Office 150 Ave. Carlos Chardon Ste 150 San Juan, P.R. 00918-1767

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SAN JUAN PR 009

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 56 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:							
Participant's Name:	Awilda	O-tiz	Ville	odas			nor ton and ton a
Participant's Address:	Awilda Jards de	e Arroyo	B-6 0	fallex	Arr	040,1	P.R.
Participant's Email Address:	. 1						
Name of Counsel:	S						
Address of Counsel:	8	t:			3	= 18	
Email Address of Counsel:	Personal Control of the Control of t						
2. Participant's 0	Claim number and	d the nature of P	articipant's	Claim:			
Claim Number:	1097	36 - 16	5714				
Nature of Claim: ident	he years !	allocated	by to	e gove	ent so	to d	wer
Claim Number: Nature of Claim: ident By: Auilda Oty V Signature	ielodos jus	of P.R. Cor Dpssed	nonokully and	from s neith	Three for	st. of	Edua nos the
Awilda Orti	AND THE REST OF THE PARTY OF	Judine	~~.				
Print Name		A A		255			à
Title (if Participant is		1)			B AND TO		
august 4, 2	021			TANK TO THE REPORT OF THE PERSON OF THE PERS	5 E		
Date				WEE.			

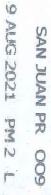
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2021 AUG 10 PH 2: 34

RECEIVED & FILED

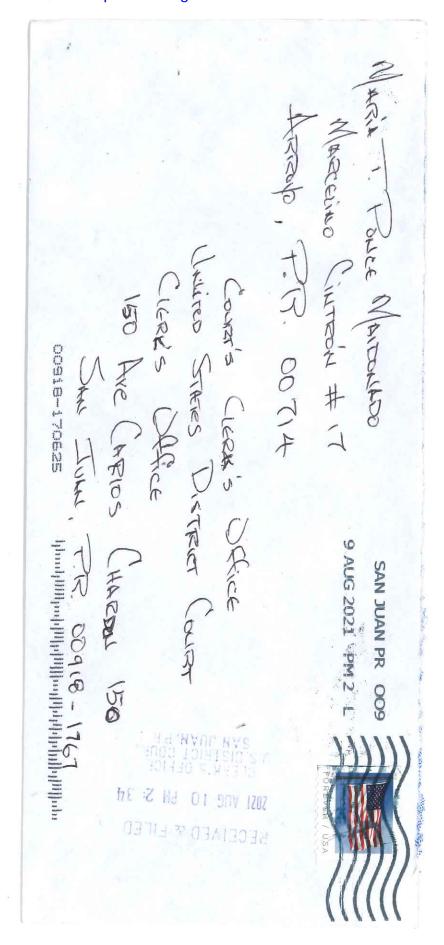




Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc: Pro se Notices of Participation Page 58 of 119

Participant must provide all of the information below in English:

	ontact information, including email address, and that of its counsel,
if any:	
Participant's Name:	MARIAT. PONCE MALDOMADO
Participant's Address:	CALL MARCELINO CINETRON #17
Participant's Email Address:	Wed A
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	laim number and the nature of Participant's Claim:
Claim Number:	No. 17 BK 3283-LTS
Nature of Claim:	to Time (11)
Ву:	
Signature	
11:0	and the color hand and we would have a second and a second a second and a second and a second and a second and a second an
MARIA TO YOU	CC WALDOULDO
Print Name	
Title (if Participant is a	not an individual)
-11	- 198 ± 198
8 2 2	
Date	



Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 60 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:		,		
Participant's Name:	Belen	Kercado		295 11
Participant's Address:	Leis Viu	let Ave C/,	Hyde Par	KNY 1253
Participant's Email Address:	Kerca	dobeyahoo, co	om	
Name of Counsel:				
Address of Counsel:	en e			
Email Address of Counsel:				
2. Participant's CClaim Number:Nature of Claim:	KA	nd the nature of Participode C 20 10 - Ole St of Wag	79	
By: Bleen ble Signature	rcodo		3.15.5 3.05.5 3.	MECCIVED &
may salted and the sale			28	
Title (if Participant is	not an individu	ial)		w E
8 4 2021 Date	1			allow

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Belen Kercado - Frentes Gisviolet Ano Cl Hyde Park NY 12538 Court Court Court Ste. 150 A

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Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 62 of 119

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: ANTHONY QUINDNES
200 DIAGNIUND CA GON 61, 12772
TO STATE OF THE PROPERTY OF TH
Participant's Email Address: Anthony Quinones 007 @ gmail. COM
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: # 176749 BR 3283-LTS
Nature of Plaim: 1 PUBLIC EmployE CLAIM Promes ATE
Ву:
Signature
Anthony Quinones
Print Name
77.00 2 3 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6 7 6
Title (if Participant is not an individual)
8-7-21
Date



Phylled Hadinal Archadare populated Bulling Hala

OFFICE, ISO AVE. CARLOS CHARDON STE 150, SAN JUAN, P.R. 00918-1767

TO: COURT'S CLERK'S OFFICE Inited States Distric court Clerks



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ORLANDO FL

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc: Pro se Notices of Participation Page 64 of 119

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel,	
if any:	
Participant's Name: Yablo Kodrigulz Kros	
Participant's Address: 149 pine St#7 Manchester, NH 0310;	3
Participant's Email Address:	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 17BK3283-LTS	
Nature of Claim: That I gave 10 upairs of bily life and I deserve	my
By: Lablo Kock Po	
Signature	
tablo Kodriquez Kios	
Print Name	
Title (if Participant is not an individual)	
08 7 2 Date	

Paloto Rodriguez Kiss 149 pine st#2 Nanchuster NH 03103

JS District court
clerk's office
150 Ave carlos chardon stelsc
Son Juan, PR 00918-1767

7 AUG 2021 PM 4 L

ORLANDO FL

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Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc: Pro se Notices of Participation Page 66 of 119

Participant must provide all of the information below in English:

1.	Participant's co	ontact information, including email address, and that of its counsel,
Participant's	55 	Maria Vargas
Participant's	Address:	10605 Burlwood Dr Leesburg F1 34788
Participant's	Email Address:	mava 1217 Dgmail. com
Name of Cou	ınsel:	
Address of C	ounsel:	
Email Addre	ss of Counsel:	monto, (
2.	Participant's C	Claim number and the nature of Participant's Claim:
Claim Numb	er:	THE PROPERTY OF THE PROPERTY OF THE PARTY OF
Nature of Cla	aim:	The state of the s
Ву:	Gunt Haran	an your relates on moving regard dates are a product of a single
Signa	ture	
Print	Name	not an individual)
Title	(if Participant is 1	not an individual)
Date		

lokos Burlwood or eesburg Fl, 34788

United States District Court, Clerk's Office

SAN Juan P.R 00918-1767

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Case: 17-03283-LTS B86#: 17989-1 Filed: 08/95/21 Entered: 08/95/21 10: 59: 39 Desc PRISE NOTICES OF PARTICIPATION Page 88 0f 199

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: MAN I AYYAR
Participant's Address: 18816 TUGGLE AVE 27 CUPERTINO, CA 95014
Participant's Email Address: COPE MAYYAR29 @GMAIL, GM
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number:
Nature of Claim: + PBA, GO BOND HOLDER = Chains
By: One A
MANI AYYAR
TOTAL A CONTROL OF THE PROPERTY OF THE PROPER
Title (if Participant is not an individual)
07/31/2021
Daté /

(mgs/c/A95014 PR 00918-1767 OT ALIC 2021 PM XT Marie Marie

Participant must provide all of the information below in English:

 Participant's contact information, including email address, and that of its counsel, if any:
Participant's Name: PASCYALA Y. CABRERES Participant's Address: 5873 / L. Elston Aue Chicago th. 6064
Participant's Address: 5873 N. Elston Aue Chicago Th. 6064
Participant's Email Address:
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 5713 (Prom Es A TI 1986 3283 LTS)
Nature of Claim: CofinA # 17 Bk 3284 hts FedID 8474
By: Partire 4 Cal
Signature
PASCUALA Y. CABREROS
Print Name
Title (if Participant is not an individual)
Aug 6,2021 Date
Date
Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice
must be filed electronically with the Court on the docket using the CM/ECF docket event Notice
of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in <i>In re</i> Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing

system on or before the applicable deadline. If you are <u>not</u> represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's

Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

40,418

Page 6 of 7

10,000

60,000

Fixed Income Securities

Fixed Income Securiti

AUGUST 1 - AUGUST 31, 2011 ACCOUNT NUMBER: Redacted

Coffna DESCRIPTION PUERTO RICO SALES TAX FING CORP SALES TAX REV 1ST SUB SER A BIE OID CPN 5.500% DUE 08/01/42

DTD 02/09/10 FC 06/01/10 CALL 02/01/20 @ 190.000 Moody A1, S&P A+ **CUSIP 74529JKM6**

Acquired 12/13/10 nc

Total Municipal Bonds

Total Fixed Income Securities

QUANTITY ORIG PRICE

100.04

100.00

ORIG COST

10.004.70

10,004.99 \$58,359,43

\$58,354,94

\$58.359.43

\$58,354,94

CURRENT PRICE

101.2710

CURRENT MARKET VALUE

10,127.10

\$58,307.30

\$58,307.30

UNREALIZED GAIN/LOSS

122.40

-\$52.13

ACCRUED INTEREST

45.83

ANNUAL INCOME

ESTIMATED

ANNUAL YIELD (%)

550.00 5.43

CASH AND SWEEP

-\$52.13 \$525.00 5.45 \$3,175.00

> \$525.00 \$3,175.00 5.45

nc Cost information for this tax lot is not covered by IRS reporting requirements. Unless indicated, cost for all other lots will be reported to the IRS

Activity detail

DATE	ACCOUNT TYPE	TRANSACTION	QUANTITY	DESCRIPTION		PRICE	AMOUNT	BALANCES
08/01				BEGINNING BALANCI	E			0.00
08/01	Cash	INTEREST		PUERTO RIGO SALES FING CORP SALES TO 1ST SUB SER A BYE O CPN 5.500% DUE 08/0 DTD 02/09/10 FC 08/0 080111 10,000 CUSIP 74524UKM6	AX REV DID 01/42	eru Allery e	275.00	275.00
08/02	Cash	CHECK ISSUED		DIV ISS #DV22925795 AS OF 8/01/11			-275.00	0.00
08/17	Cash	PURCHASE ACCRUED INT	10,000.00000	PUERTO RICO PUB E AUTH REV GTD GOV SER G COMWLTH OY CPN 4.750% DUE 07/ DTD 10/24/02 FC 01/0 CALL 07/01/12 @ 100. CUSIP 745235SX0	T FACS /=4.76% 01/32 1/03	94.2500	-9,429.99 -67.29	-9,497.28

Page 5 of 7



PASCUALA Y CABREROS TOD REGISTRATION

AUGUST 1 - AUGUST 31 2011 ACCOUNT NUMBER: Redacted

Fixed Income Securities

Municipal Bonds continued

	QUANTITY	ADJ PRICE/ ORIG PRICE	ADJ COST/ ORIG COST	CURRENT PRICE	CURRENT MARKET VALUE	UNREALIZED GAIN/LOSS	ESTIMATED		
DESCRIPTION							ACCRUED INTEREST	ANNUAL INCOME	ANNUAL YIELD (%)
PUERTO RICO PUB BLDGS AUTH REV GTD GOVT FACS SER G COMWLTH OY=4.76% CPN 4.750% DUE 07/01/32 DTD 10/24/02 FC 01/01/03 CALL 09/25/11 @ 100.000 Moody BAA1, S&P BBB- CUSIP 745235SX0						*			
Acquired 08/17/11 nc	10,000	94.30 94.25	9,430.57 9,429.99	89.3910	8,939.10	-491.47	79.17	475.00	5.31
PUERTO RICO PUB BLDGS AUTH REV GTD B\E CPN 5.500% DUE 07/01/37 DTD 10/28/09 FC 01/01/10 CALL 07/01/14 @ 100.000 Moody BAA1, S&P BBB CUSIP 745235M24 Acquired 05/09/11 nc	10,000	92.59 92.50	9,259.43 9,254.99	96.6490	9,664.90	405.47	91.67	550.00	5.69
PUERTO RICO COMWLTH RFDG PUB IMPT SER C G/O B\E OID CPN 6.000% DUE 07/01/39 DTD 12/16/09 FC 07/01/10 CALL 07/01/19 @ 100.000 Moody BAA1, S&P BBB CUSIP 74514LWA1						, m (1	man sid s		
Acquired 02/07/11 nc	10,000	99.00	9,904.99	100.7970	10,079.70	174.71	100.00	600,00	5,95

BECZIYED & FLECK

2021 AUG 10 FH 2: 35

CLI PA'S FF FA

U.S. DISTRICT ADDITORS SAN JUAN, RE

Mrs. Pascuala Y. Cabreros 5873 N Elston Ave Apt 2 Chicago, IL 60646-5541

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an Juan P. R. 009181767

United State District court.
Clerk Office 150 Ave.
Courles chardon St 180

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 74 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name:	Hector M Villalogo Dediz
Participant's Address:	314 W. Cambria Street Philas
Participant's Email Address:	
Name of Counsel:	MA
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	17 BK 3283-LTS
Nature of Claim: By: 9 Let 91 8	P.R. Jovernment owes me money
Signature Ec To B M, V, Print Name	11/Alongo ORTIZ
Title (if Participant is	not an individual)
Date	
Instructions for Filing Notice	ce of Participation: If you are represented by counsel, this Notice

00918-17062500 JUMPHILLING PHOLO BUTHING THE LINE IN THE BUTHING THE PROPERTY OF THE PRO

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PHILADELPHIA PA 190

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 76 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii aliy.
Participant's Name: Carlos A- MARIN RIOS
Participant's Address: 344 Nathan DULLEY Rd. Clinton, N.C. 28328
Participant's Email Address: CMARIN QINTR STARINET
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 178k 3283-LT5
Nature of Claim: Retirement discount While Working At ACAA By: Color Thous Riss Signature
Carlos A Marin Rios Print Name
Title (if Participant is not an individual)
0821 Date
Date
Instructions for Filing Notice of Double and Inc.

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 78 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Participant's Name: Participant's Address: Participant's Email Address: Name of Counsel: Address of Counsel: Email Address of Counsel: 2. Participant's Claim number and the nature of Participant's Claim: Claim Number: Nature of Claim: By: Title (if Participant is not an individual)

HC- 6 BOX 13473 Jorozal F. R. co 783

Israel Rivera Barcia

Discovery Notice to the Court's office at: United States District Court, Clerk's offices 150 Ave. Carlos Chardon Ste. 150 San Juan P.R. 10918-1767



Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc: Pro se Notices of Participation Page 80 of 119

Participant's contact information, including email address, and that of its counsel.

Participant must provide all of the information below in English:

1.

if any:					
Participant's Name:	ANA	GARCIA	W .	194ez	Trei
Participant's Address:	Calle F	Roo seve		Tuan	?
Participant's Email Address:	guern	- Rico o	0918		
Name of Counsel:	white the	SeX Hot condition		W STATES	
Address of Counsel:					
Email Address of Counsel:		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1			
2. Participant's Cl	laim number an	d the nature of Pa	articipant's Cl	aim:	
Claim Number:	No. 1.	BK	3283 -	-275	
Nature of Claim:	Emplo y	A /	enunt	System	of the
By of flere Khyluz	Gevern is	ent of the	The Pu	erto Ric	Put lic
Signature	of Dal	lor way lad	angs	HUTTO W	19.
Print Name	ecth Rod.	rigues		2000年	
				200	2 -
Title (if Participant is n	not an individua	1)		425	2: 3
	sosto de	2021		arkening The	5
Date					

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Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 82 of 119

Participant's contact information, including email address, and that of its counsel,

Participant must provide all of the information below in English:

1.

if any:	
Participant's Name:	ANA GARGA RODVISUEZ
Participant's Address:	Calle Fernando Calder 457 Urb. Roosevelt-San Juan Puerto Ri
Participant's Email Address:	Laki
Name of Counsel:	THE RESTAURT OF THE PROPERTY.
Address of Counsel:	
Email Address of Counsel:	
Claim Number: Nature of Claim: By: Signature	Claim number and the nature of Participant's Claim: No. 17 BK 3283 - LTS The Commonwealth of Powerto Reco Rollingue Can Rodrigue 2 not an individual)
Date ag	05 to de 2021
Date	

9 AUG 2021 PM 2

SAN JUAN PR

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Pro se Notices of Participation Page 84 of 119

Participant must provide all of the information below in English:

1. Participant's of if any:	contact information, including email address, and that of its counsel,
Participant's Name:	Yadira E. Nieves Sifre
Participant's Address:	HC6 Box 66738 Aquadilla P.R. 0060
Participant's Email Address:	Ynieues à asume · pr. gov
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	No. 17 BK 3283 - LTS
Nature of Claim:	
By: Signature	in Sylv
Print Name	ves SiFre
Title (if Participant is r	not an individual)
August 5,	2021

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

AC 6 BOX 66738 Aquadilla P.R. 00603

ra E. Niewes Sifre

Total Control Control

San Juan, P.R. 00918-1767

50 Ave. Carlos

9 ACG 2021 FM 2 SAN JUAN PR 009



Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 86 of 119

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

Participant's Name:

Participant's Name:

Participant's Address:

P.D. Box 424, Naranjito, P.R. 20719-0429

Participant's Email Address:

Message to 787-483-0144

Name of Counsel:

Address of Counsel:

2. Participant's Claim number and the nature of Participant's Claim:

Claim Number:

102/69

Nature of Claim:

The Education Department gave 425.00 to increase the Nature of Claim:

Salary of the teachers but one year they did not give to me. That affected my salary and now my pension.

Signature

Title (if Participant is not an individual)

Date Date

1.

laranjito, Puerto Rico 007/9

Rico 00918-1767

1

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 88 of 119

Participant must provide all of the information below in English:

-	ontact information, including email address, and that of its counsel,
if any:	1 0
Participant's Name:	Wilfredo Garcia-Torres
Participant's Address:	HC 2. Box 10483 Bo Almacigo Bard, Yauco. P.R.
Participant's Email Address:	Don't have one
Name of Counsel:	None
Address of Counsel:	None
Email Address of Counsel:	None
2. Participant's C	Claim number and the nature of Participant's Claim:
Claim Number:	Don't have one
Nature of Claim:	I Don't Know.
By: DentRepsty Signature	
D/A Print Name	
DIA	25, 5 V
Title (if Participant is	not an individual)
Date	



Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc: Pro se Notices of Participation Page 90 of 119

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:	
Participant's Name: Emerito Burgos Trojillo	
Participant's Address: P.O. Box 8448 San Tuan P.R. 00910	
Participant's Email Address: estrojillo 1212 @gmail.com	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 17 BK 3283 / LTS	
Nature of Claim: get My INVEST MENT back plus INTEVE	5 7
By: See Mylls	
Signature	
Emerito Burgos Iruji 1/0 Print Name	
Title (if Participant is not an individual)	
Date 9-2021	

SanJuan PRO0910

VITED States District Court

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Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 92 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Fraquada Abril Luis M.
Participant's Address: Urb. Las Americas H. H. 9 Calle 8 Bayamon P.R. 00959
Participant's Email Address: lucyclenia 3 @ gmail . com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 130077 and 179141 and 93675
Nature of Claim: DIPwithheld wages and leasion Payments as a result of the office of Public Services
By. The state of t
Signature
Luis M. Fraguada Abril
Print Name
Title (if Participant is not an individual)
4/agosto/2021
Date

COMID-1700NU

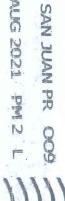
9 AUG 2021 PM 2 L

Siscovery Notice to the Court's Clerk's office at:

States District Court, Clerk Office

150 Ave. Carlos Chardon Ste. 150 San Juan, P.R. 00918 - 1767

alle 8, Bayamon P.R. 00959





Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 94 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

ii aiiy.	
Participant's Name: Berrios Berrios Luz E.	
Participant's Address: Calle 8 H. H.9 Urb. Las Américas By	man P. R 00959
Participant's Email Address: <u>lucy ele nia 3 @ qmail.com</u>	
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 103 178	
Nature of Claim: Public Employee and Pension/Retire By: Signature Berry Bery	ee -Common wead of Puento Rico
Luz E. Berrios Berrios Print Name	MECETATO
Title (if Participant is not an individual)	0 0
Date Date 2021	FILED W 2: 37

Bayamon, P.R. Dog 59

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150 Ave. Carlos Chardon Ste. 150

District Court Clerk's office

to the Court's Clerk's Officeats

San Juan, P. R. 00918-1767

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 96 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

Participant's Name: Participant's Address: Participant's Email Address: MARTINO_E QATT. HET	
Participant's Email Address: MARTINO_E QATT. HET	
Participant's Email Address: MARTINO_E QATT. HET	ENSF
	30
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim:	
Claim Number: 17 BK 3283 LTS	
Nature of Claim:	1307777
By: Irelyn martino Signature	
endered and Depositions but one offered and so while in some or the discourse	
Fuelyn Martino	THE INC.
Print Name	
Tree	Rec
Title (if Participant is not an individual)	
8/6/2021	(T)
Date	

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Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc: Pro se Notices of Participation Page 98 of 119

Participant must provide all of the information below in English:

1. Participant's contact information, including email ad	dress, and that of its counsel,
Participant's Name: Jose Miguel Bodu	mer Melender
Participant's Address: ViA-43-3k-N-1 Villa Fonis	Ann Carolin P. R. Ov 98
Participant's Email Address:	
Name of Counsel:	enari in grupa maddani ara
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant	pant's Claim:
Claim Number: 176190	Cattle (Alexan
Nature of Claim: By: Signature Vose Mignel Bodgeen Melender Print Name Title (if Participant is not an individual) 8/09/20/2/	RECLIVED & FILED MECHIVED & FILED MECHIVED & FILED SAN JUAN. P. H SAN JUAN
Date	

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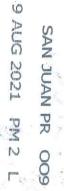
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United STATES DISTRICT COURT, CLUTE'S

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Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 100 of 119

Participant must provide all of the information below in English:

rarticipant's contact information, including email address, and that of its counsel,
if any:
Participant's Name: <u>Kamon Kivera lorres</u> ,
Participant's Address: 1/07 Calle Mag holia 4/2 Buena ventura
Participant's Email Address: raymar 393 & 49 hoo- COM
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 6/56/
Nature of Claims In a louge retirement system of the government
By: Signature Signature
Ramon Rivera Torres Print Name
Title (if Participant is not an individual)
August 2, 2021 Date

Mrb. Duena rentura 7/2. 00682-1284

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Marie Marie

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Pro se Notices of Participation Page 102 of 119

Participant must provide all of the information below in English:

 Participant's contact information, including email ac if any: 	ddress, and that of its counsel,
Participant's Name: Tomos Acevedo Ros	diches
Participant's Address: HO OF BOX C 1552 Con	any PR OOGST
Participant's Email Address: + tomosacovedo 9540	email. Com
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant	oant's Claim:
Participant's Claim number and the nature of Particip Claim Number:	oant's Claim:
- and the nature of Particip	pant's Claim:
Claim Number:	pant's Claim:
Claim Number: Nature of Claim: By: Signature	pant's Claim:

Instructions for Filing Notice of Participation: If you are represented by counsel, this Notice must be filed electronically with the Court on the docket using the CM/ECF docket event Notice of Intent to Participate in Discovery for Commonwealth Plan Confirmation, in In re Commonwealth of Puerto Rico, Case No. 17 BK 3283-LTS, through the Court's case filing system on or before the applicable deadline. If you are not represented by counsel, you may instead mail this Notice to the Court's Clerk's Office at: United States District Court, Clerk's Office, 150 Ave. Carlos Chardon Ste. 150, San Juan, P.R. 00918-1767.

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Pro se Notices of Participation Page 103 of 119 Desc:

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc:

Pro se Notices of Participation Page 104 of 119

1.

Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

II ally.	19 19 19				
Participant's Name:	Cydia E. 1 Balcones Las Co	erez C	laudio		
Participant's Address:	Balcones Las a	Halinas A	ve. Bouler	ard #103	3 P. F
Participant's Email Add	ress: lesther 5240 a	gmail. co	m	×	
Name of Counsel:				21-1-5	
Address of Counsel:	united States 150 Ave. Carlos Ch	ardon 50	Tuan, 7.	2-0091	8-17
Email Address of Couns	sel:				
Claim Number: Nature of Claim:	nt's Claim number and the na	ture of Partici	pant's Claim		
By: Signature Lydia E. b Print Name	Rérez Clardio		U.S.DISTRICT SAN JUAN	RECEIVED &	
	ant is not an individual)		7,000	FILED W 2: 23	

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OFFICE United States D. Clerk's Office, S. DISTRICT SAN JUAN P.R. OC. Carlos C. San Juan, P.R. Oc.

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150 Ave. Carlos Chardon Ste. 150 San Juan, P.R. 00918-1767

Participant's contact information, including amail address, and that of its counsel

Participant must provide all of the information below in English:

1. 141	desipant's contact information, including chain address, and that of its counsel,
11 8	any:
Participant's Name	ess: Cond. Marebella # 612 I.V. CAROLINA 00975
Participant's Addre	ess: Cond. Marbella # 612 I.V. CAROLINA 08975
Participant's Emai	Address: JOSE ENRIQUEM 67 67 69 grail. Con.
Name of Counsel:	
Address of Counse	el:
Email Address of	Counsel:
2. Par	ticipant's Claim number and the nature of Participant's Claim:
Claim Number:	1738907
Nature of Claim:	SALARY CLAIM CASO AGRON
By:	fral /
Signature	-1/-/
J088	t. Mara Us
Print Name	
, .	
Title (if Pa	rticipant is not an individual)
6/8	/21
Date/	

V. Catolina 7.7. 09979

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Linked Short District Court.

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Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 108 of 119

Participant must provide all of the information below in English:

1. Participant's contact information, including email address, and that of its counsel, if any:

Participant's Name:	TOTTES ROSA ANGEL.	
Participant's Address:	PARCE/ANUEVA OLIMPO	487 CAILE CAINTAL 64
Participant's Email Address:	8 ^	*
Name of Counsel:		
Address of Counsel:		
Email Address of Counsel:	g 1 g A	
2. Participant's Cl	laim number and the nature of Participan	t's Claim:
Claim Number:		
Nature of Claim:		F-3
By: Jones Production Signature Torres Rosa Print Name Title (if Participant is not production) By: Jones Production Signature Torres Rosa Print Name		ECEIVED & FILED 2021 ANG TO PH 2: 23 CLU-K'S OFFICE SAN JUAN. 5:

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc: Pro se Notices of Participation Page 109 of 119

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Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 110 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel.

if any:	
Participant's Name: Slovie & Kinera Maga	res
Participant's Address: PO Box 844 Comer,	0, PR 0078
Participant's Email Address: Nivera gloria 05) @ 9 mail	. Com
Name of Counsel:	
Address of Counsel:	<u> </u>
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's Claim: Claim Number: 17 Bk 3283 - 275	
Nature of Claim:	
By: Moria & Louis Marques Signature Moria & Kivera Marques	₹/E CE1
Print Name	AUG 10
Title (if Participant is not an individual)	
Date 2021	2 23

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Que. Carlos Chardon Ste. 150

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Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc Pro se Notices of Participation Page 112 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:	
Participant's Name: Naturidad Calderon	Narreso
Participant's Address: Barrio lostera Sector Repu	nto Moncia His
Participant's Email Address: Africa pr. 250 @ g mail	lon
Name of Counsel:	
Address of Counsel:	
Email Address of Counsel:	
2. Participant's Claim number and the nature of Participant's	s Claim:
Claim Number: — 170757 ——	<u> </u>
Nature of Claim: - Refubución -	2
By: Signature Colderox Marreso	SAN AND THE SAN AN
Nofizidad Calderon Massess Print Name	D & FILE
	2
Title (if Participant is not an individual)	
<u>ul-agust 2021.</u> Date	

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc: Pro se Notices of Participation Page 114 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any: Maria Elsa Ramos Ramos Participant's Name: 4490 Old Colony Rd. Mulberry Fl. 33860 Participant's Address: Participant's Email Address: Merr59 @ aol. com Name of Counsel: Address of Counsel: Email Address of Counsel: Participant's Claim number and the nature of Participant's Claim: Claim Number: participate in the Tit Nature of Claim: By: Title (if Participant is not an individual)

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Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Desc: Pro se Notices of Participation Page 116 of 119

Participant must provide all of the information below in English:

1.

Participant's contact information, including email address, and that of its counsel,

if any:
Participant's Name: Brunilda Hernández Rivera
Participant's Address: 261 Nova Drive Davenport, FL 33837-
Participant's Email Address: bhernandez rivera 77@ gmail.com
Name of Counsel:
Address of Counsel:
Email Address of Counsel:
2. Participant's Claim number and the nature of Participant's Claim:
Claim Number: 166523
Nature of Claim: Promesa Title III 17BK3283-LTS By: Buddenkull Sineur 17BK(4780)-LTS 8 ignature 1
Brunilda Hernande Rivera Print Name Print Name Print Name
Promesa TT 17 BK3283LTS Title (if Participant is not an individual)
Hagust 18 2021 Date

Case:17-03283-LTS Doc#:17759-1 Filed:08/11/21 Entered:08/11/21 10:15:39 Pro se Notices of Participation Page 117 of 119 1. 33837-2639 00918-170625 SAINT PETERSBURG TH 2 AUG 2021 PM 8 L

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Participant must provide all of the information below in English:

Participant's contact information, including email address, and that of its counsel,

1.

if any:				
Participant's Name:	hinda	Metho	al	
Participant's Address:	4115	63rd 7	err E	
Participant's Email Address:	antiqu	equate	d as ad	.com
Name of Counsel:	Maria e	V .	n neva	(8) (8) (8) (8) (8) (8) (8) (8) (8) (8)
Address of Counsel:	ar kal		AT ALL YOUR	
Email Address of Counsel:				
Nature of Claim: discovery for Signature Linda Print Name	Notice or confirmed Methal	of intent	to part	
Title (if Participant is	not an individual)		- FB 6	2 7
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